

Commercial Motor Vehicle Theft Claim Form

Please help us to help you by

- Completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- Signing and dating page 2 of this form

Insurance Fraud is a crime – please ensure all information is correct

1. Policyholder(s) details

| | | | | | | |
|-------------------|------|--|----------|-------------------------|--------|--|
| Policy number | | | | Claim Number (If Known) | | |
| Insured Name | | | | | | |
| Postal Address | | | | | | |
| Telephone numbers | Home | | Business | | Mobile | |
| Email | Home | | Business | | | |
| Occupation | | | | Employer | | |

2. Insured Vehicle

| Year | Make & Model | Finance/Hire Purchase | Registered Number | No. and Expiry Date of Warrant of Fitness |
|------|--------------|-----------------------|-------------------|---|
| | | | | |

3. Person in charge of insured vehicle

Name of Person in charge of insured vehicle

Have you, the driver, had any other accident, loss or claim in connection with any motor vehicle during the past five years? Yes No

Have you, the driver, ever been charged or convicted for any criminal or motoring offence or received any traffic infringement notice?..... Yes No

If 'Yes', please give all details below.

4. Date and place of theft

Date..... / /

From what address was the vehicle stolen?.....

Where was the vehicle parked? (Delete those not applicable) Garage / Carport / Driveway / Parking Area / Roadside / Other

Please give details below:

When did you last see the vehicle?

Were all the doors locked and windows closed?..... Yes No

Where were the keys to the vehicle when the theft occurred?

When did you discover the theft had occurred?.....

How did you know the theft had occurred?.....

Was the vehicle stolen or parts only?.....

If parts only, please give details:.....

Where are all the sets of keys now?.....

5. Condition of the vehicle

At the time of the theft did the vehicle have any defects in the following:

Bodywork? Yes No If Yes, please describe

Mechanical? Yes No If Yes, please describe

Where is the vehicle usually serviced or repaired?

6. Police details

Has the theft been reported to the Police?..... Yes No

If Yes,

(a) to which Police Station?

(b) date / /

(c) please attach the Complaint Acknowledgement Form

Continued over leaf.....

7. Recovery

Has the vehicle been recovered?..... Yes No

If Yes,

(a) when was it found?

(b) where was it found?

(c) who found it?

(d) where is it now?

(e) is it damaged?..... Yes No

If Yes, please give details

(f) have any accessories been removed?..... Yes No

If Yes, please give details

(g) Have you any suspicions who the offender was?..... Yes No

If Yes, please give details

(h) Have you any other information relevant to this claim?..... Yes No

If Yes, please give details

8. Direct crediting authority

If your claim is accepted and there are payments(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility? Yes No Name of Account

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

| | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank | Branch | Account Number | | | | | | | | | | Suffix | | | | | | | |

9. Declaration/Privacy Act 1993/Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

- I/We
- (a) agree to give any further information that may be required
 - (b) understand you require this personal information, which will be retained by you at 48 Shortland Street., Auckland before you can evaluate my/our claim;
 - (c) authorise the disclosure of this personal information regarding this claim to other parties;
 - (d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
 - (e) authorise the obtaining by you from Insurance Claims Register Limited, (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
 - (f) authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
 - (g) understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Date / /

Signature of the Policyholder(s) (If the policy is in joint names, both signatures are required)